

FINANCIAL AFFIDAVIT

CJA 23
(Rev. 5/28)

IN SUPPORT OF REQUEST FOR ATTORNEY FEE OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES
IN THE CASE OF☐ MAGISTRATE ☐ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

FOR

AT

LOCATION NUMBER

United States vs. Chapoulos

PERSON REPRESENTED (Show your full name)

ANDRES TOTO-CHOLOCHARGE/OFFENSE (describe if applicable & check box →) ☐ Felony ☐ Misdemeanor

- ☐ Defendant - Adult
☐ Defendant - Juvenile
☐ Appellant
☐ Probation Violator
☐ Parole Violator
☐ Habeas Petitioner
☐ 2255 Petitioner
☒ Material Witness
☐ Other (Specify)

DOCKET NUMBERS

Magistrate

08CR 215

District Court

5

Court of Appeals

FILED
Mar 20 2008

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self Employed	MAGISTRATE JUDGE SUSAN E. COX UNITED STATES DISTRICT COURT	
	Name and address of employer: _____		
	IF YES, how much do you earn per month? \$ _____	IF NO, give month and year of last employment How much did you earn per month? \$ _____	
	If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
OTHER INCOME	IF YES, how much does your Spouse earn per month? \$ _____	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____	
	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	RECEIVED SOURCES		
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY \$ THE SOURCES		
CASH	Have you any cash on hand or money in savings or checking account <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____		
	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
PROPERTY	VALUE DESCRIPTION		
	IF YES, GIVE THE VALUE AND \$ DESCRIBE IT		

OBLIGATIONS & DEBTS

DEPENDENTS	MARITAL STATUS	Total No. of Dependents	I am naturally a parent and your relationship to them	
	<input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	<u>2</u>		
DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME:	Creditors	Total Debt	Monthly Payt.
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) _____

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)Andres Toto CholoAndres Toto Cholo